

**Medical Profile**

Name: (Last, First & Middle) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of Interview: \_\_\_\_\_ Age: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone Numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_

**PAST HEALTH HISTORY**

Have you ever had the following? Write a yes or no in the blank.

Foot Problems	Knee Problems	Back Problems
Hernia	Dental Problems	Seizures
Allergies to Bees	Reading Problems	Wear Glasses
Hearing Problems	Diabetes	Tuberculosis
Hepatitis	Stroke	Arthritis
		Deformities
		Other _____

Do any of these cause working restrictions? \_\_\_\_\_  
High Blood Pressure, Frequent Headaches, Sexually Transmitted Diseases, Sores that don't heal,  
Other Diseases \_\_\_\_\_

**LIST MEDICATIONS YOU NORMALLY TAKE:**

Medication Prescribed	Dosage	Prescribing Physician	Reason
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

**REGENERATION PROGRAM APPLICATION**

His House Recovery Residence, Inc. Kennesaw, GA 30144

Tel# \_\_\_\_\_

SS# \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Name Called)

Permanent Address \_\_\_\_\_  
(PO Box or Street#) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(PO Box or Street#) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Month, Day, Year)

Number Of Brothers \_\_\_ Sisters \_\_\_ Your Position in Family ( 1st, 2nd, etc. ) \_\_\_\_\_

**EMERGENCY**

**NOTIFICATION** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
(Name) (Area Code & Number)

Address \_\_\_\_\_  
(Street #) (City) (State) (Zip) (Relationship)

Parents' Name( s) (If living) \_\_\_\_\_

Parents' Address \_\_\_\_\_  
(PO Box or Street#) (City) (State) (Zip)

Are Parents Separated \_\_\_ Divorced? \_\_\_ Reason \_\_\_\_\_

Is Either Parent Deceased? Father Mother When? \_\_\_\_\_

Do You Own a Home? \_\_\_ Property? \_\_\_ Vehicle? \_\_\_ Model and Year \_\_\_\_\_

Are You Receiving Any Other Income? (disabilities, civil suit) If YES, How Much? \_\_\_\_\_

Do you have any money on your person, If YES how much \_\_\_\_\_

Do You Possess a Valid Driver's License? State \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_

Other Rehabilitation Centers Attended:

Where?	When?	Completed?	Yes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have You Ever Attended AA or NA Meetings? \_\_\_ When? \_\_\_ How Long? \_\_\_\_\_

**MARITAL STATUS**

Married? \_\_\_\_\_ Single? \_\_\_\_\_ Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_ Widowed? \_\_\_\_\_

Wife's Name \_\_\_\_\_ Date of Birth, \_\_\_\_\_ Age \_\_\_\_\_

Wife's Address \_\_\_\_\_  
(PO Box or Street#») (City) (State) (Zip)

How Long Married? \_\_\_\_\_ How Long Separated? \_\_\_\_\_

How Long Divorced? Has Ex-Wife Remarried? \_\_\_\_\_

Reason for Separation or Divorce \_\_\_\_\_

Number of Times Married \_\_\_ (If more than one, complete below)

1. When Married? _____	When Divorced? _____	Reason? _____	
2. When Married? _____	When Divorced? _____	Reason? _____	3. When Married? _____
Married? _____	When Divorced? _____	Reason? _____	4. When Married? _____
_____	When Divorced? _____	Reason? _____	

List Number of Children (if any) from Each Marriage and Amount of Child Support (if any)

_____	per	Week/Month/Other	_____
_____	per	Week/Month/Other	_____
_____	per	Week/Month/Other	_____
_____	per	Week/Month/Other	_____

Where Are Your Children?

Cause of Death \_\_\_\_\_

Are You Subject to Any Alimony Payments from Any of the Above Marriages? \_\_\_

If So, How Much? \_\_\_\_\_ per week/month/other \_\_\_\_\_

If Presently Married, Does Wife Work? \_\_\_ If yes, where? \_\_\_\_\_

Occupation, \_\_\_\_\_ Income? \_\_\_\_\_

**EDUCATION**

COLLEGE \_\_\_\_\_ GRAD \_\_\_\_\_

College Degree: \_\_\_\_\_ Major/Minor \_\_\_\_\_ Post Grad. \_\_\_\_\_  
(Type & Year) (Degree)

Trade School \_\_\_\_\_ Did You Complete? \_\_\_ Year \_\_\_\_\_

Name of College or Trade School Specialized Training \_\_\_\_\_

**OCCUPATIONAL EXPERIENCE**

Usual Occupation \_\_\_\_\_ How Many Years at Trade? \_\_\_\_\_

How Long on Present Job? \_\_\_ Is This Your Usual Occupation? \_\_\_ If Not, Why Not? \_\_\_\_\_

Are You Now Working? \_\_\_ If Yes, What Company and Where? \_\_\_\_\_

If Not Working, Why Not? \_\_\_\_\_

List any Special Skills (Such as Cook, Barber, Printer, Mechanic, etc.) \_\_\_\_\_

Last Steady Job \_\_\_\_\_  
(What) (Where) (How Long)

Have You Ever Been Fired from a Job Because of Your Use of Alcohol or Drugs? \_\_\_\_\_

If So, Explain: \_\_\_\_\_

Have You Ever Quit Because of Alcohol or Drugs? \_\_\_ If So, Explain: \_\_\_\_\_

Number of Jobs in the Past Five Years \_\_\_ Preferred Type of Work \_\_\_\_\_

**MILITARY EXPERIENCE**

Are You a Veteran? \_\_\_ Branch \_\_\_\_\_ Rank At Discharge \_\_\_\_\_

How Long in the Service? \_\_\_\_\_ Date and Type of Discharge \_\_\_\_\_

Serial Number \_\_\_\_\_ If other than honorable discharge, explain \_\_\_\_\_

Are You Retired from the Service? \_\_\_\_\_ Amount of Retirement Income \_\_\_\_\_

Do You Have a Service Related Disability? \_\_\_ Amount of Disability Income \_\_\_\_\_

Type of Work You Did in the Service \_\_\_\_\_

Were You ever Court-Martialed? \_\_\_ If Yes, Explain: \_\_\_\_\_

Results of Court Martial: \_\_\_\_\_

**MEDICAL INFORMATION**

What is the State of Your Health? \_\_ Excellent \_\_ Good \_\_ Fair \_\_ Poor \_\_ Declining

Height \_\_ Weight \_\_ Usual Weight \_\_ Have You Had Any Recent Weight Changes? \_\_

List All Major Illnesses or Operations You Have Had: \_\_\_\_\_

Are You Handicapped in Any Way? \_\_ Type of \_\_\_\_\_ Have You Had a Venereal Disease in the Past?

Handicap \_\_\_\_\_

Do You Now Have a Venereal Disease?

What? \_\_\_\_\_ When? \_\_\_\_\_ When Cured or Arrested? \_\_\_\_\_

Have You Ever Been Tested for HIV? \_\_\_\_\_ When? \_\_\_\_\_

Are You Open to Being Tested for the HIV Virus While a Resident Here at His House? \_\_\_\_\_

If You Use Any Tobacco Products, Please Describe Which And How Much? \_\_\_\_\_

Have You Ever Been *Hospitalized* for Alcoholism or Drug Addiction? \_\_

List All Related Illnesses:

Where? \_\_\_\_\_ When? \_\_\_\_\_ Condition \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_ Condition \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_ Condition \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_ Condition \_\_\_\_\_

Are You Now Taking Any Medication, *Prescribed* or *Over- The-Counter*? \_\_\_\_\_

If Yes, What? \_\_\_\_\_ How Long Have You Been Taking It? \_\_\_\_\_

If Married, is Spouse Taking Any Prescribed or Over The Counter Medications \_\_\_\_\_

If Yes, What? How Long Has She Been Taking It? \_\_\_\_\_

Have You Ever Suffered from Depression? \_\_\_\_\_ Describe Any Treatment You May Have Received

Have You Ever Had Any Thought of Suicide? \_\_ When? \_\_\_\_\_

Have You Ever Attempted Suicide? \_\_ When? \_\_\_\_\_

How Did You Try to Do This? \_\_\_\_\_

Have You Ever Been Treated for Any Psychiatric Illness? \_\_ If Yes, Explain and Describe Treatment, if Any:

Would You Be Willing to Sign a Release of Information Form So that We Might Obtain Information Concerning Social, Medical or Psychiatric Reports or Information? \_\_\_\_\_

**ALCOHOL/DRUG USE HISTORY**

*Past Use:* What Was Your Use of Alcohol or Drugs Prior to Being Accepted for this Interview?

Alcohol: \_\_\_\_\_ How Much? \_\_\_\_\_ How Long? \_\_\_\_\_ (Years) \_\_\_\_\_  
(Beer? Wine? Whiskey? All?)

Drugs: \_\_\_\_\_ How Much? \_\_\_\_\_ How Long? \_\_\_\_\_ (Years) \_\_\_\_\_  
(Pot? Crack? Cocaine? Speed? Other?)

What Was Your Age and the Circumstance of Your First Drinking or Drugging Experience? \_\_\_\_\_

Has Your Drinking or Drugging Pattern Changed? \_\_\_ In What Way? \_\_\_\_\_

What's Your Drinking or Drugging Pattern Now? \_\_\_\_\_

Have You Ever Tried to Control Your Drinking or Drugging On Your Own? \_\_\_\_ How? \_\_\_\_\_

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Have You Ever Had a Blackout? \_\_\_\_ Seizures? \_\_\_\_ Hallucinations? \_\_\_\_ DT's \_\_\_\_\_

What is Your Drinking or Drugging Behavior? \_\_\_\_\_  
(Aggressive-Calm-Abusive-Quiet-Happy Etc.)

What is Your Longest Period of Sobriety in the Past Two Years? \_\_\_\_\_

Have You Ever Misused or Abused Prescription Drugs? \_\_\_ If So, What Drugs? \_\_\_\_\_

Have You Ever Abused or Misused Over-the-Counter Drugs? (Nyquil, No-Doz, Vivarin, Aspirin, Cough Syrup etc.) \_\_\_ If Yes, What Drugs? \_\_\_\_\_

Have You Used or Abused Any Other Substances (Not Listed Above) in the Past to Change Your Mood or Get You "High?" \_\_\_ If Yes, What are your favorites? \_\_\_\_\_  
\_\_\_\_\_ How Long? \_\_\_\_\_

Any Other Information Concerning Your Past Alcohol or Drug Use that You Would Like to Share?

**ARREST RECORD**

Number of Times Arrested \_\_\_ What is the Longest You Have Spent in Jail? \_\_\_\_\_ \_

What Misdemeanor(s) and/or Felony(s) Have You Spent Time in Jail for? \_\_\_\_\_ \_

Are You Presently Involved in Any Lawsuits? \_\_\_\_\_ \_

Has Your Driver's License Ever Been Suspended or Revoked? \_\_\_ If So, Why and When? \_\_\_\_\_ \_

Are There Any Charges Pending Against You at this Time? \_\_\_ If So, Explain \_\_\_\_\_

Have You Ever Been in Prison? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Any Court Dates Pending at This Time? \_\_\_\_\_ If Yes, When? \_\_\_\_\_ \_

Do You Object to Us Notifying the Law That You Are Here? \_\_\_\_\_

Are You Presently on Probation or Community Control? \_\_\_ How Long? \_\_\_ County? \_\_\_\_\_ \_

Probation or Community Control Officer's Name Phone # \_\_\_\_\_

Remarks \_\_\_\_\_

**RELIGIOUS BACKGROUND**

Are You a Church Member? \_\_\_\_\_ Have You Ever Been a Church Member? \_\_\_\_\_

If So, What Denomination? \_\_\_\_\_ Where? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ How Often Did You Attend? \_\_\_\_\_

Were You Ever a Church Officer or Sunday School Teacher? \_\_\_ If Yes, What? \_\_\_\_\_

Did You Attend Church as a Child? \_\_\_

Have You Ever Been Baptized?

Do You Read Your Bible? \_\_\_ Do You Believe The Bible Is The Inspired Word of God? \_\_\_

When Did You Last Attend Church on a Regular Basis? \_\_\_\_\_

Do You Ever Pray? \_\_\_ If Yes, When? \_\_\_\_\_

Are You Saved (Do You Know If You Going to Heaven)? Yes No Not Sure

Religious Background of Your Spouse \_\_\_\_\_

**APPLICATION AND CONTRACT**  
**FOR ACCEPTANCE TO HIS HOUSE RECOVERY RESIDENCE, INC.**

I hereby assume any risks that may be incident to my stay here and do hereby for my heirs, executors, administrator, myself or any personal representative release and relinquish forever any and all claims of any nature whatsoever that might arise out of my stay at His House Recovery Residence, Inc., Kennesaw, Georgia 30144.

I do hereby promise and agree that I will cooperated with the rules of His House Recovery Residence, Inc. to the best of my ability and that I will carry out the work assigned to me in maintaining His House Recovery Residence as my physical condition permits and to the best of my ability.

I have read and or have had read to me all the foregoing questions *and/or* statements and have made the answers thereto contained in this application and am fully aware of the meaning of same and I willingly and personally sign this application and contract fully knowing what I am doing.

Any personal property left upon my departure from said Residence and not claimed within three days by me or my authorized representative shall become the property of His House Recovery Residence, Inc. to dispose of to the best interest of His House Recovery Residence, Inc.

**NOTE: NO PERSON OTHER THAN THE APPLICANT IS AUTHORIZED TO SIGN THIS APPLICATION/CONTRACT**

Applicant \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Left \_\_\_\_\_ Remarks \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Left \_\_\_\_\_ Remarks \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Left \_\_\_\_\_ Remarks \_\_\_\_\_

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**FINANCIAL RESPONSIBILITY**

The annual cost to provide learning material, laundry, utilities, housing and staff for you while you are at His House Recovery Residence is \$36,000.00. Your annual contribution to this cost is \$8,100.00. Some of this money is provided by the contributions of Christian people who love the Lord and who desire to help Alcoholics and Drug Addicts. The staff members of our ministry are willing to invest their lime and talents to help you while you are here. In turn, we expect you to help others receive the same benefits you received.

The cost of your contribution is due and payable at the time of admission. His House Recovery Residence, Inc. can provide you monthly payment options at their discretion which include third party financing and / or in house financing agreements. Failure to make scheduled repayment is grounds for dismissal from our program and facilities as stated within our written policies. All financing options are enforceable by the State of Georgia's credit laws and if necessary will be pursued for collection under the same to include, but not limited to, court judgment, repossession, garnishment of wages, income tax returns, disability and pension benefits, income tax returns and real property. All costs associated with the collection of program fees and other costs will be your responsibility and will be in addition to the balance owed.

His House Recovery Residence, Inc. makes no guarantees regarding the outcome of services provided. The results of your participation in our program are contingent upon you alone. His House Recovery Residence, Inc. will not rebate, prorate, or refund any program fees or contributions whatsoever once they have been received at our offices. All fees and contributions received become the sole property of His House Recovery Residence, Inc. or the third party lender financing your program fees.

I have read and agree with the policy stated above and I voluntarily acknowledge my financial responsibility to His House Recovery Residence, Inc.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guarantor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_